

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and  
the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>141</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>915</u>
Town of _____			Local Registrar No. _____
or _____			
City of <u>Miami</u>	No. _____	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Ida Abad</u>			
(If child is not yet named, make supplemental report, as directed)			
3. Sex of child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____
6. Legitimate? <u>Yes</u>		7. Date of birth <u>May 14 - 1923</u>	(Month, day, year)
8. FATHER		14. MOTHER	
Full name <u>Basilio Abad</u>		Full maiden name <u>Lola Martinez</u>	
9. Residence <u>Miami</u>		15. Residence <u>Miami</u>	
(Usual place of abode)		(Usual place of abode)	
If nonresident, give place and State		If nonresident, give place and State	
10. Color or race <u>Mexican</u>		16. Color or race <u>Mexican</u>	
11. Age at last birthday <u>35</u> (Years)		17. Age at last birthday <u>24</u> (Years)	
12. Birthplace (city or place) <u>Mexico</u>		18. Birthplace (city or place) <u>Tucson</u>	
(State or country)		(State or country)	
13. Occupation <u>Mine</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)			
(a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>None</u> (c) Stillborn <u>None</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.			
(Born alive or dead)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.			
Signature _____ (Physician or midwife)			
Address _____			
Given name added from a supplemental report _____ (Month, day, year)			
Filed <u>May 31</u> , 19 <u>23</u> <u>P. E. Fribin</u>			
County Registrar.			
Filed <u>6-6</u> , 19 <u>23</u> <u>B. G. Fox</u>			
County Registrar.			
Registrar. <u>914-514-349</u>			